



A Public Service Agency

HQ
MICROGRAPHICS
USE ONLY

44

DRIVER LICENSE OR IDENTIFICATION CARD APPLICATION

DO NOT DUPLICATE

1 PURPOSE FOR YOUR VISIT: <input checked="" type="checkbox"/> the appropriate box(es). PRINT USING BLACK OR BLUE INK ONLY		FOR DMV USE ONLY	
DRIVER LICENSE (DL) <input checked="" type="checkbox"/> Original DL/Permit <input type="checkbox"/> Add CDL Endorsement <input type="checkbox"/> Renewal <input type="checkbox"/> Remove Restriction <input type="checkbox"/> Duplicate <input type="checkbox"/> Change/Add Class Lost _____ Stolen _____ Complete Parts 2 through 7.		IDENTIFICATION CARD (ID) <input type="checkbox"/> Original ID Card/Renewal <input type="checkbox"/> Senior ID Card/Renewal (Age 62+) <input type="checkbox"/> Replacement Lost _____ Stolen _____ Complete Parts 2, 3, 5A, & 6 only.	
NAME CHANGE/CORRECTION <input type="checkbox"/> DL <input type="checkbox"/> ID CARD Complete Parts 2, 3, 5, & 6 only.		BD/UP Code _____ State/Country _____ DOCUMENT# _____ Review: Primary _____ Secondary Tech ID/Date _____	

2 PLEASE PROVIDE THE FOLLOWING: NOTE: You must use your true full name. Original documentation may be required. Refer to the <i>California Driver Handbook</i> .				
Driver License or ID Card Number	State or Country	Expires MO DAY YR	Birth Date MO DAY YR	Social Security Number
			10/15/1989	123-45-6789
First Name	Middle Name	Last Name	Suffix (Jr., Sr., III)	
Joe	Carr	Racer		
Mailing Address, P.O. Box, or Private Mail Box (include Box Number, St., Ave., Rd., Blvd., etc.), Number, Street, Apt/Space No., City, State, Zip Code				
123 Main Street Anytown, CA 99999				
Address Where You Live (if different from mailing address), Number, Street, Apt/Space No., City, State, Zip Code				

Sex	Hair Color	Eye Color	Height	Weight
<input checked="" type="checkbox"/> M <input type="checkbox"/> F	Brown	Brown	6'1"	165

3 COMPLETE THIS SECTION ONLY IF YOU ARE NOT ELIGIBLE FOR A SOCIAL SECURITY NUMBER:	
I certify under penalty of perjury under the laws of the State of California that no Social Security Number has ever been issued to me and I am not presently eligible for a Social Security Number. I understand that pursuant to Vehicle Code Section 12801 I must provide my Social Security Number to the Department of Motor Vehicles when one is assigned to me.	
Signature	Date
X	

4 LICENSING NEEDS: <input checked="" type="checkbox"/> the appropriate box(es). Refer to the <i>California Driver Handbook</i> for additional information.		
BASIC LICENSE <input checked="" type="checkbox"/> Basic Class C <input type="checkbox"/> Motorcycle If basic license only, go to Part 5.	NON-COMMERCIAL LICENSE <input type="checkbox"/> Class A <input type="checkbox"/> Class B FIRE FIGHTER <input type="checkbox"/> Class A <input type="checkbox"/> Class B	<input type="checkbox"/> AMBULANCE CERTIFICATE <input type="checkbox"/> VERIFICATION OF TRANSIT TRAINING
COMMERCIAL DRIVER ONLY (SSN documentation is required before any original commercial driver license application is started.)		
COMMERCIAL LICENSE <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C	ENDORSEMENTS <input type="checkbox"/> Passenger Transport <input type="checkbox"/> Hazardous Materials/Waste	RESTRICTION <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> School Bus <input type="checkbox"/> Air Brakes <input type="checkbox"/> Tank

I certify that the motor vehicle in which I am taking the driving skills test is representative of the type of motor vehicle I expect to operate. I am not subject to any disqualification, suspension, revocation, or cancellation as contained in Title 49 of Federal Regulations, Part 383.51, and I do not have a driver license from more than one state or jurisdiction. The names of all states or other jurisdictions where I have previously been licensed to drive any type of motor vehicle during the previous 10 years are listed in Part 5A below.

ACCORDING TO PART 391 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS	
<input type="checkbox"/> I plan to operate in foreign or interstate commerce and I meet the qualifications.	
<input checked="" type="checkbox"/> I do not plan to operate in foreign or interstate commerce and I am not subject to Part 391.	

5 THE FOLLOWING QUESTIONS MUST BE ANSWERED:	
A. Have you applied for a Driver License or Identification Card in California or another state/country using a different name or number within the past ten (10) years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, print name, DL/ID number, and state or country.	
B. Have you had your driving privilege or a driver license cancelled, refused, delayed, suspended, or revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate date and reason below.	
DATE	REASON
C. Within the last five years, have you had or experienced any of the medical conditions specified on the back of this form that affects your ability to operate a motor vehicle safely? Please read the "Medical Information" on the back of this form before answering. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, briefly explain:	

6 DO YOU WISH TO REGISTER TO VOTE OR CHANGE POLITICAL AFFILIATION OR VOTER ADDRESS?			
DO YOU WISH TO REGISTER TO VOTE OR CHANGE POLITICAL AFFILIATION?	Y <input checked="" type="checkbox"/> YES—Complete the attached voter form. N <input type="checkbox"/> NO—Do not complete attached voter form.	VOTER CHANGE OF ADDRESS	I am a registered voter; I moved and wish to update my voter record. C <input type="checkbox"/> to a new county—Complete the attached voter form. S <input type="checkbox"/> within the same county—Do not complete the attached form. Your voter record will be automatically updated.

7 FOR DRIVER UNDER 18, PARENT/GUARDIAN SIGNATURES REQUIRED: If both parents/guardians have joint custody, BOTH MUST SIGN. I/We accept civil liability for this minor.			
Mother's/Guardian's Signature	Date	Daytime Phone Number	
X Suzanne Racer	10/17/05	(916) 555-4382	
Address Street Apt. No. City State Zip			
123 Main Street Anytown, CA 99999			
Father's/Guardian's Signature	Date	Daytime Phone Number	
X Paul Racer		(916) 555-7205	
Address Street Apt. No. City State Zip			
123 Main Street Anytown, CA 99999			

8 CERTIFICATION: I have read, understand and agree with the contents of this form, including the certifications on the back of this form. I certify under penalty of perjury under the laws of the State of California that all the information on this form is true and correct.	
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STOP Do not sign until instructed to do so by a DMV employee.	
Applicant's Signature	FOR DMV FIELD OFFICE USE ONLY
X Joe Racer	
Date	Daytime Phone Number
10/17/2005	916 555 4382